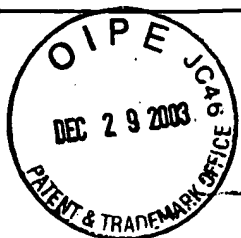


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

532572000104



In re Application of Casey D. MORROW, et al.

Application Number

09/756,551

Filed

January 8, 2001

For: ENCAPSIDATED RECOMBINANT POLIOVIRUS NUCLEIC ACID
AND METHODS OF MAKING AND USING SAME

Art Unit

1632

Examiner

J. Woitach

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | | |
|-------------------------------------|----------------------------------|----|--------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ | |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ | 420.00 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ | |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ | |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ | |
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952
- ~~I have enclosed a duplicate copy of this sheet.~~ Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ attorney or agent of record. Registration Number _____
- ☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 29,959

December 29, 2003

Date

Signature

(858) 720-5112

Telephone Number

Kate H. Murashige

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 272143239 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 12/29/03Signature: Tami M Procopio

(Tami Procopio)